

Leicester City Council Covid-19 Refreshed Outbreak Control Plan

March 2021



Leicester
City Council

Version control

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Abbreviations used in this document

Abbreviation	Meaning
ATS	Asymptomatic Testing Site
CaAS	Contracts and Assurance Service
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CTAS	Database used to contact positive cases and contacts
CWG	Covid Winter Grant
DHSC	Department of Health & Social Care
EQIA	Equality impact assessment
FAQs	Frequently asked questions
GP	General practice
IMT	Incident Management Team
IPC	Infection prevention control
LCC	Leicester City Council
LFD	Lateral flow device
LFT	Lateral flow testing
LLR	Leicester, Leicestershire & Rutland
LPT	Leicestershire Partnership Trust
LRF	Local Resilience Forum
LSOA	Lower super output area
LTS	Local testing site
MTU	Mobile testing unit
OCT	Outbreak control team
PCR	Polymerase chain reaction (type of test)
PHE	Public Health England
RTS	Regional testing site
SOP	Standard operating procedures
UHL	University Hospitals of Leicester
VOC	Variant of control

Introduction

The first laboratory confirmed case of COVID-19 in Leicester was on 11th March 2020. To the 5th March 2021 there have been 34,423 confirmed cases and a total of 804 COVID-19 related deaths. Over the year, the city experienced an extensive period of lockdown while its case rate remained stubbornly high.

Leicester's approach to COVID-19 has evolved and developed in response to these high and enduring case rates. A Sustainability Plan developed in the summer of 2020 has helped shaped a tenacious but flexible approach built on strong working relationships and partnerships across the whole city. In the course of the year Leicester has paved the way for other local authorities, implementing innovative ways of working with its communities. Examples include:

- A contact tracing programme that picks up new cases as soon as they are uploaded onto the national system and which carries out face to face contact tracing for those who haven't responded to a phone call within 48 hours.
- A comprehensive package of support for people self-isolating including a three-day call back from contact tracers to check all is well or offer reassurance and support.
- A large, flexible, representative and responsive ground force team who go out to very local areas where transmission rates are high to increase uptake of testing or to provide door to door tests where necessary, therefore not relying on people having to travel to testing centres.
- A collaborative partnership approach across all departments of the council and with external organisations such as the police, the health sector, the education sector, universities, local businesses and most importantly of all with our communities, faith leaders, representatives and voluntary organisations.
- Using regulatory powers to serve notices on businesses in danger of breaching regulations.
- Setting up sector specific enquiry lines to provide support, information and advice to, for example, schools, businesses and care homes, alongside regular messaging and e-bulletins
- Understanding and working with our communities with culturally and language appropriate messages, communications, engagement and format.
- Using data to target our work, such as around increasing vaccination uptake.

The city has a higher number of multi-generational households, people working in low paid jobs and people working in front facing jobs who can't afford to isolate, all factors that contribute to ongoing transmission. Nevertheless our cohesive, coordinated approach means that when the Kent variant drove numbers up all over the country, Leicester's rates remained static and though our rates are still relatively high, recent weeks have shown a steady decrease in numbers.

The future

The rates of transmission in Leicester are slowly decreasing. However we need to remain cautious and continue our efforts for many months to come. As the lockdown slowly eases, many of the staff and volunteers involved in our response will return to their usual duties so we need to plan how we manage with potentially reduced capacity.

Our work has shown that a local approach works best. We are looking to build on our learning of the last year and set up our own health protection team. For the next 12 – 24 months we anticipate that this team will lead our response to COVID-19, allowing others to return to their usual business, but ensuring that we have people in place and the ability to quickly respond to need as it arises. We

anticipate that this would require around 6 – 8 practitioners alongside data analysts and we will spend the coming weeks working out just what this approach should look like.

Overview

The first [Local outbreak plan](#), provided details on how the city supported and responded to COVID-19 in seven specified themes:

1. Care homes and schools
2. High risk places, locations and communities
3. Local testing capacity
4. Contact tracing in complex settings
5. Data integration
6. Vulnerable people
7. Local Boards

Since then, there has been huge effort by the people of Leicester, of all ages, by employers, by employees and in all parts of our society, working together to respond to and reduce the transmission of the virus in our population. This has been a sustained, difficult process with our rates of new infection finally reflecting the tremendous work contributed by all.

We know the work is not yet done. This document provides a refresh of our original plan and details the next stages of our continued effort to reduce virus transmission and protect the health of our population.

This refreshed plan should be read in conjunction with the original [Leicester City Outbreak](#) plan, the Sustainability Plan and [Leicester City Coronavirus webpages](#) and lessons learned documents of the [Ministries of Housing, Communities and Local Government](#) and Leicester City Council (LCC).

The refreshed plan reflects the approach to the core aspects of Leicester City's COVID-19 response including specific responses to, for example, education, care homes and other high-risk settings or communities alongside:

1. Community Testing
1. Contact Tracing
2. Support for self-isolation
3. Outbreak management
4. Surveillance

And taking into account the following developments:

1. Response to variants of concern (VOC)
2. Action on enduring transmission
3. Linkages between vaccine roll out and testing

Aims & Objectives

The aim of the outbreak plan remains: to protect the health of the population of Leicester from COVID-19 by:

- Preventing the spread of COVID-19 and associated disease
- Early identification and proactive management of local outbreaks including variants of concern
- Supporting a safe and cautious return to opening up following lockdown.

To achieve these aims we will:

- Work with national and regional colleagues and agencies.
- Work with existing local authority and local resilience forum structures to ensure joined up actions and communications.
- Collate and use data and intelligence to inform our actions.
- Facilitate rapid access to testing across all sectors and in all of our communities.
- Support equality of vaccination uptake across all of our communities, providing support, information and local access.
- Ensure that, as there is a return to more business as usual, we have enough skilled staff in place, structures and processes to continue to combat COVID-19 and respond quickly and appropriately to any emerging issues.

Structures and governance arrangements

Structure arrangements follow our local resilience forum structure with details available via our original [outbreak plan](#) and our sustainability plan. Details of operational structure are included in each section of this report.

Clinical governance is an important part of a local outbreak management plan due to the complex nature of outbreak response. Clinical governance encompasses quality assurance, quality improvement and risk and incident management.

Risks are identified as part of this outbreak management plan: a risk assessment is attached in Appendix 1. Risks are regularly reviewed as part of our Incident Management Team (IMT) twice weekly meetings and in specific operational cells.

Quality assurance and improvement are driven by ongoing lessons learned and review. Several formal lessons learned exercises have taken place in Leicester and are referenced throughout this document. Informal review and lessons learned have helped shape our response. Examples include setting up a local contact tracing service following delays in receiving information from national systems, developing the CityReach programme to provide increased targeting in areas of high transmission or developing vaccination sites in areas of low vaccination uptake.

Responding to variants of concern (VOC)

Leicester has a number of elements within its COVID-19 programme that will support any emergence of variants of concern including:

- The City Reach team providing door to door test kits as a rapid response.
- Multiple test centres across the city.
- Care home, schools and business helplines.
- Partnership with faith and community leaders to disseminate key messages quickly.

- Immediate receipt of uploaded positive cases onto the national system, enabling a faster contact tracing turnaround time.

Further details on all these programmes are contained within this document.

To date, no variants of concern in Leicester have required surge testing. We have, however, had a false alarm with potential transmission of the South African variant. Within hours of the notification the LCC public health team had set up an outbreak control meeting (OCT) with Public Health England (PHE), had a second OCT with wider council colleagues and, by the end of the day, committed 150 LCC staff to be deployed to start work the next day with mass testing. Our preferred approach is door to door testing, however national Standard Operating Procedures (SOP) require this to be testing via regional mobile testing units (MTUs). In Leicester we have a very good door to door testing initiative and would like to use this for any future potential VOC response.

Our response showed that we can mobilise up to 200 people in a matter of hours who would be able to carry out additional testing and door knocking. Our plans have demonstrated that we are able to respond within 24 hours of a VOC being identified or a surge in testing required.

Action on enduring transmission

The Joint Biosecurity Centre Report into Enduring Transmission of COVID-19, selected Leicester as one of its three areas for review. In Leicester, rates have remained consistently in the highest rankings and restrictions have been prolonged. Findings from the report therefore directly concern Leicester:

1. That higher levels of unmet financial need may be a factor
2. That areas with higher numbers of workers in high contact occupations will see increased transmission (likely connected with jobs which suffer more COVID-19 related financial hardship)
3. High density and multi-generational housing is likely to increase risk of transmission
4. Delays in local access to national systems resulted in contact tracing delays

Leicester's response has been immense and prolonged over the last year, and while factors listed above have contributed to its enduring transmission, the level and intensity of input and support has meant that when other areas have surged, Leicester has remained consistent and is finally beginning to see its case rate dropping.

This document provides details on the whole city response to addressing its enduring transmission but in summary:

- There is a comprehensive package of support for those self-isolating. **However there is equally a large number of people who are ineligible for support and we would support a broadening of eligibility criteria for self-isolation funding.**
- From March 2021, the LA contact tracing team takes case referrals as soon as they are entered on to the national CTAS system. This means that cases can be contacted immediately without delay and schools, care homes and other specific settings can be notified of a case straight away, thus starting their own contact tracing and isolation process. **This will create additional demand on our contract tracing team, many of whom are deployed from other departments within the council. We will need additional support (funding) to continue this in the coming months.**
- The City Reach workforce is deployed across the city where case rates are high, increasing access to testing and providing information and advice about support available. Where a

case has not been reached by phone within 48 hours, the City Reach team will directly visit the house.

- Our expert data analysts provide up to date, timely and integrated data on case and vaccination rates by LSOA; our comms and engagement team provide messaging in multiple formats and languages; we have strong partnership with community faith leaders and representatives; our outreach workforce reflects the communities in which they work. This combination of factors plus strong partnership working with the police, the CCG and others, throughout the pandemic, means that we are able to provide focussed, relevant and timely input to those areas and communities that have higher rates or lower vaccine uptake (for example), higher breaches or activity.
- Leicester has always taken an innovate, flexible approach to its response: it was the one of the first to carry out local contact tracing or to have an outreach team increasing access to testing. It is currently involved in a vaccination pilot to increase vaccination uptake in those communities where it is lower.
- Our extensive community engagement and communication strategies reflect the evolving nature of the pandemic, moving more towards safe and cautious opening up of the lockdown and continued use of basic public health messages such as social distancing, wearing of masks, keeping buildings well ventilated, minimising social contact and good hand washing.
- Additional funding within the care sector has facilitated the success of, for example, extended testing within the care home, sheltered living, day centre and domiciliary care sector; dedicated IPC support and workforce funding. **This is predominantly short term funding making it difficult to put structured plans in for the future.**

Vaccination

The roll out of the vaccine programme has highlighted differences in uptake across the City. There is a multi-sectorial response to increasing uptake using expertise from across the city:

1. Our data analysts provide data on vaccine uptake at a lower super output area¹ (LSOA) level by age and ethnicity using General Practice (GP) registrations to develop vaccine uptake rates. This is linked with our case rates to show those areas where there is low vaccine uptake and high viral transmission.
2. Work has been undertaken to understand the reasons behind low vaccine confidence in certain communities including understanding barriers to access. As a result a plan of action has been developed to:
 - a. Increase involvement with community leaders
 - b. Promote increased communications in multiple languages and formats to address low vaccine confidence, for example by answering common questions or addressing common myths about the vaccine.
 - c. Develop local community centres for vaccination to provide a more familiar easy to access venue and to 'spread the word' by providing a noticeable local vaccination service.
 - d. Use clinical mobile hubs or vans to reach patients in between vaccination centres and GP practices.
3. Leicester has been successful in applying to be a pilot in the flexible household vaccination programme.

¹ LSOAs have an average population of 1500 people or 650 households

4. An Equality Impact Assessment (EQIA) has been carried out for the vaccine programme and there is an ongoing Leicester, Leicestershire & Rutland (LLR) vaccine inequalities group looking at ways to address highlighted inequalities. Examples of resulting work include a pop up vaccination clinic held in St Mathews and St Peters where vaccination rates have been particularly low, and development of a mobile vaccination unit to target further communities where vaccination uptake is lower. The EQIA will be published on the Clinical Commissioning Group (CCG) website when finalised with interim details available via [CCGs Governing Body Papers \(Paper E\)](#).

Data integration and surveillance

Data sources and reporting

- The Leicester, Leicestershire & Rutland (LLR) Local Resilience Forum (LRF) data cell co-ordinates work of analysts from the Clinical Commissioning Group (CCG), General Practice, City and County Councils, University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT).
- Twice weekly management reports are provided and shared throughout the LRF structures on the local healthcare system and some modelling of future demand.
- Public Health England (PHE) provides a daily dashboard of test and case rates
- A City dashboard has been created to examine local geographies and investigate demographic characteristics of the population which in turn informs the testing strategy and targeting of LSOAs; it also reviews infection rates by age groups and ethnicity to inform local action.
- We have worked with the CCG and CSU to identify vaccination data by age, detailed ethnic group, LSOA, GP practice, care home resident and those with a disability. This has provided greater local insight into those areas and communities with lower vaccination uptake.

Surveillance

General

We have developed a local surveillance system that monitor several indicators on the spread of the virus locally and which makes use of data sources including:

- NHS 111 and 999 calls
- COVID-19 hospital admission
- Testing data
- Local mortality data
- Test and trace contact tracing data
- Excess all-cause mortality

This data informs our twice weekly outbreak control meeting and twice weekly intelligence reports to the local Incident Management meetings (IMT). Headline figures are collated daily for the City Mayor, press office and communication teams.

Care home

A locally created dashboard includes monitoring of cases linked to care homes in staff and residents and used to inform infection prevention control (IPC) and adult social care (ASC) response.

Details of positive care home workers identified by our Contact Tracing team are forwarded directly to the care home cell to provide a timely update of (and response to) positive cases and care home infections.

Education settings

A dashboard has been developed for the Leicester City Council (LCC) schools helpline team providing information on cases and numbers self-isolating to help inform support and response to local schools, Colleges of Further Education and universities.

As of 10th March 2021 all cases in educational settings identified via the LA Test and Trace service are sent to the LCC schools helpline to ensure that these settings are able to identify and isolate close contacts earlier.

COVID-19 surveillance for 0 – 18 year olds is reported weekly to the Leicester Education cell/LLR CCGs, education and early years stakeholders and the Leicester City Children's cell.

Monitoring of cases linked to student accommodation blocks with multiple cases are provided via the universities to the PH and environmental health teams.

Businesses

As of mid February 2021, in agreement with PHE, a spreadsheet of all workplace details is kept and submitted to our local PHE team weekly to provide an opportunity to cross reference cases and any potential workplace outbreaks.

Waste water analysis

City wide data is available, but this is not detailed enough to show local variation across the City and therefore not used.

NHS App

Leicester does not receive data from the NHS Covid app and as such does not receive risky venue alerts.

Leicester good practice and innovation

- Accessible data available to the public via the [Leicester City Council website](#).
- Integrated data publicly available via our [open data platform](#).
- Multiple sector specific dashboards providing timely and integrated data.
- Cross partnership working and data sharing including vaccination and case rate by age and ethnicity.
- Readily accessible data to key stakeholders and decision makers.

Communication and engagement

The communication and engagement response has been delivered in-house by existing Leicester City staff and has focussed on:

- a. Ensuring regular, clear and transparent messaging and clear guidance.
- b. Use of a wide range of communication channels within and external to the council, such as CCG, police, universities as well as close working relations with the local media.
- c. Amplifying messages through trusted community leaders, networks and influencers e.g. councillors, GPs, headteachers, faith leaders, community organisations, business leaders.
- d. Having a strong emphasis on language and cultural needs e.g. translated materials, videos, community radio and via community representatives).
- e. Implementing targeted and enhanced communication activity at local level in priority hotspot areas or specific businesses/premises.

Leicester good practice and innovation

- Using trusted community voices and local communication channels including community led activity such as community radio, local WhatsApp groups etc.
- Messaging in different languages and ensuring that messaging is clear and simple.
- Video content particularly using a trusted voice.
- Use of a weekly e-newsletter.
- Comprehensive [Leicester.gov.uk/coronavirus](https://leicester.gov.uk/coronavirus) webpages.
- Regular briefings and updates for headteachers and schools, and councillors.
- Achieving an appropriate balance within communication messaging between directive action and acknowledging and thanking people for their adherence.
- Door to door engagement.
- Regular publication of data.

Community Testing

The key principles of the Leicester City COVID-19 testing programme are that:

- Testing must remain easily accessible for all sections of our community.
- Targeted testing should be responsive to epidemiological data at a LSOA level to identify and respond to areas of concern.
- There should be rapid deployment altered/revised testing approaches in response to evolving need, including the need to rapidly upscale testing capacity in response to identification of a variant of concern (VOC).
- There needs to be active engagement with key stakeholders including community groups and community leaders across Leicester and Leicestershire to deliver our testing strategy.

The testing programme has two strands:

1. Symptomatic testing: for individuals with symptoms of COVID-19 using PCR tests.
2. Asymptomatic testing: for those with no current symptoms using Lateral Flow Device (LFD) rapid tests.

Symptomatic testing programme

Our symptomatic testing programme is a combination of on-site testing via one of the NHS Test and Trace testing centres based within the City, home test kits ordered via the government portal or home test kits delivered by our City Reach team.

NHS Test and Trace testing

The city currently has:

- Three Mobile Testing Units (MTU).
- Five Local Testing Sites (LTS).
- One Regional Testing Site (RTS) within the city and one on the border of Leicester City and Leicestershire County.

City Reach

City Reach is a community outreach team of volunteers, casual workers and staff who are despatched to areas of the city where there are concerns around, for example, high case rates and/or low testing rates.

The team help people access test centres or provide door to door test kit collection for those people unable to access testing centres. City Reach currently consists of a pool of 175 casual workers who, between them, staff City Reach and the LFD programme. Each day, 35 team members visit three LSOAs, identified by analysis of current case rates (for example).

Asymptomatic testing programme

Lateral flow testing (LFT) is available for anyone without symptoms and can be accessed in a variety of ways throughout the city:

Community Asymptomatic sites (ATS)

The city has six community asymptomatic sites (ATS) which can be accessed without appointment.

Workplace testing

- a. Workplaces can apply directly via the government portal for workplace testing programmes.
- b. Workplaces that do not qualify via the government portal are supported by the City Council to either register and set themselves up as an ATS through the City's community testing programme or signpost staff to community ATS sites for testing.
- c. Our business engagement cell provides support and advice to those businesses looking to develop an onsite testing centre or access external tests for their employees.

Education settings

- a. Staff and students can access asymptomatic testing via their relevant education site.
- b. The six community ATS are currently being set up as community collect sites where families and household bubbles of school aged children can collect home test kits for twice weekly lateral flow testing.

Surge testing

The testing cell has a large team of casual workers who make up the CityReach and LTF workforce. To date, no variants of concern in Leicester have required surge testing. We have however tested our plans and demonstrated that we are able to respond within 24 hours of a VOC being identified or a surge in testing required.

Governance & Quality assurance

The testing programme has, until end March 2021, had strategic oversight by the Director of Estates & Building Services with operational oversight by a seconded member of staff from HR. From April 1st, the seconded staff member will take over strategic oversight until at least end March 2022 providing continuity and expertise in the role.

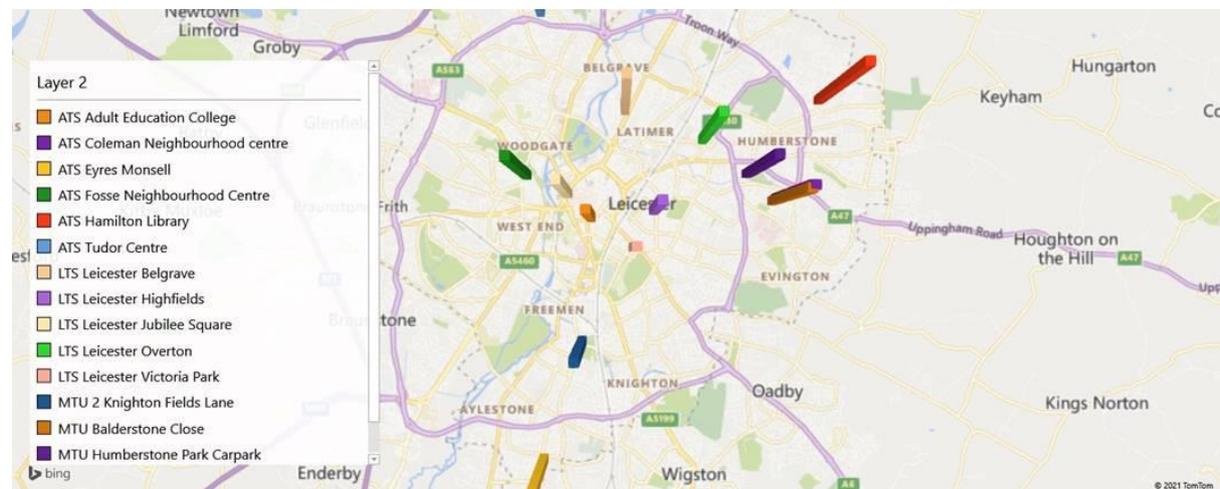
- Input and support from a Public Health Consultant.
- Strategic lead: Director of Estates & Building Services (to March 31st 2021).
- Strategic & Operational Lead: HR Resourcing Manager (dedicated post from April 1st 2021).
- Standard Operating Procedures for each testing site and procedure with Quality Lead for each site.
- Twice weekly regional coordinating group (symptomatic and asymptomatic testing).
- Weekly LCC City Mayor feedback.
- Weekly Leicester, Leicestershire & Rutland testing cell meeting.
- Twice weekly IMT.

Leicester City good practice and innovation

1. Establishment of a community outreach team ('City Reach') to facilitate door to door testing with the flexibility to deploy the team quickly in response to identified need.

2. Integrating data to provide and respond to an accurate and up to date picture of areas where case rates, testing rates and more recently vaccination rates are a cause for concern.
3. Providing a weekly dashboard of tests completed by site, tests delivered and collected by City Reach, positivity and infection rate at LSOA level.
4. Partnership working: staff and volunteers have been drawn from across the council community to provide testing services.
5. Understanding our communities and those for whom accessing testing may be difficult by working with faith leaders, voluntary organisations, community leaders and others to understand barriers as well as spreading positive messages.
6. Translating materials and videos into different languages and using City Reach volunteers with a range of local community languages.

The spread of testing centres around the city is illustrated below:



Case contact tracing

Leicester's case contract tracing programme has been in place since July 2020.

The programme consists of two teams:

- a. Phone contact team consisting of approximately 20 staff predominantly from the council's customer service team. Staff contact individuals by phone, inform them of their result, provide information on support available and collect information about their contacts. This large pool of staff mean there are a number of people trained and ready to respond to any rising case numbers or when there is a need for rapid action.
- b. Ground force team: six staff from PH and two from housing who knock on the doors of those cases who it has not been possible to contact within 48 hours; these staff have also been used to identify potential VOC cases where PHE has been unable to do so.

The service runs seven days a week from 8am to 5pm; all staff collect information about case contacts, provide advice and information on support available to self-isolate and ensure that the individual understands the requirement around self-isolation. From March 1st the local team have received cases within zero hours of entering the electronic recording system (CTAS).

The phone contact team carry out a three day phone back, ringing all cases after three days to check if they need any additional support in order to continue their self-isolation. This has highlighted additional support requirements which the team are then able to facilitate.

The case tracing team also refer cases of concern back to Tier 1 for more detailed follow up. As of the middle of February 2021, in agreement with PHE, a spreadsheet of all workplace details is kept and submitted to our local PHE team weekly. Care home worker cases are sent to the LCC care home cell.

As of 10th March 2021 all cases in educational settings identified via the LA Test and Trace service are sent to the LCC schools helpline to ensure that these settings are able to identify and isolate close contacts earlier.

Enhanced contact tracing

All cases are asked about their contacts in the two and seven days before their positive test or onset of symptoms. Analysis of common exposures shows that most cases in Leicester City are via household transmission.

Governance and quality assurance

Day to day management is provided by a dedicated manager with public health support provided by a Consultant in Public Health and Public Health Lead Commissioner.

Weekly Contact Tracing meetings feed into the IMT which includes links to the Department of Health & Social Care and Public Health England. Lead staff are part of regional Contact Tracing meetings.

Leicester good practice and innovations

1. Case contacting within zero hours of information being uploaded to national system.
2. Systems in place to refer newly identified cases in specific settings straight to the relevant cell allowing for timely alerts and response.
3. Ground force team carrying out door-knocking of those cases who it hasn't been possible to contact by phone.
4. Three-day call back of all cases to 'check-in', offer and signpost to additional support and to check still self-isolating.
5. Large pool of trained staff available to respond to surge in cases.
6. Comprehensive package of support for those self-isolating
7. Employers who are identified as calling staff into work when they should be isolating are reported to our Community Safety Officer (Labour Market) who provides information, advice and enforcement as necessary.

Support for social isolation

The Revenues and Customer Support team of Leicester City Council have operational direction over:

- a. Information and advice on self-isolation.
- b. Clinical extremely vulnerable contact and support.
- c. Test and trace support payment administration for self-isolation. The average time for processing a payment is six days from point of claim.
- d. Community support grant (crisis food and fuel) including Covid winter grant administration.
- e. Social welfare advice – a commissioned provision with Citizen's Advice, Leicestershire.

Information on where and how to access support is available in multiple languages via the council [website](#).

Crisis support

Crisis support is provided within the track and trace case contact tracing team who have a supply of food boxes available for delivery by the ground team should this be required in an emergency.

Crisis food and fuel is administered together with the Covid Winter Grant (CWG) scheme and relates to households presenting with financial hardships.

Self-isolation support payments

The average time for processing a payment is six days from point of claim. Staff provide alternative pathways to seek support where a claim has been rejected and have promoted the covid winter grant payment as one such potential alternative.

Since the scheme was mobilised, the Department for Health & Social Care (DHSC) budget and revised stretch budget is predicted to be exceeded by £100k, highlighting the reach of the programme. A dashboard has been set up which maps claimant applications and awards to LSOA level including reasons for rejections. Feedback questionnaires to those who have been rejected help to inform frequently asked questions (FAQs) and decision making – helping to increase the number of discretionary awards made.

Accessing food

Requests are referred on to NHS responders who provide support to collect and deliver shopping for residents unable to access on-line shopping. Priority online shopping is available through the DEFRA priority shopping list and the Midlands Co-op offer a guaranteed 2-hour delivery to door shopping service for £2.99.

Covid Winter Grant

This offer includes four weeks of food and fuel credits, credit towards water rates and provision to purchase a winter coat, duvet and blankets for all family members. The grant also offers replacement cookers and microwaves should these be beyond repair including installation and delivery. From April 17th LCC will reinstate its 'Community Support Grant' food, fuel and white goods offer for households presenting with financial difficulties.

Care provision

Any resident presenting with existing care requirements are referred to the adult social care duty line for support where care arrangements may be at risk due to self-isolation.

Mental health and befriending

Staff are trained in identifying residents presenting with mental health concerns and have pathways to refer on to appropriate services; a befriending service is offered via the council webpages and Age UK Leicester.

Support in the future

A self-isolation support task group is being mobilised with representatives from key stakeholders which will meet monthly to analyse and monitor support offered.

Social isolation and loneliness

A number of initiatives have been operational in the city, and the LA has continued to signpost residents to voluntary and community sector organisations throughout the pandemic. In addition, two programmes of activities were funded to manage social isolation and loneliness during the pandemic:

- a. Distant socialising, launched in April 2020 through a voluntary organisation, that provided a comprehensive list of community activities, groups and meetings that could be accessed remotely either online or by telephone. The organisation also posted materials such as adult colouring books, crosswords and seeds out to residents. The [website](#) is still operational.

- b. Distant companions launched by the same organisation offering a telephone befriending service with matched volunteers. This ceased in September 2020 as it was found that people accessing the support were more in need of mental health support rather than befriending alongside difficulty in retaining volunteers as they started to go back to work.

Leicester good practice and innovation

1. Umbrella support under one service area drives collaborative delivery model.
2. Crisis support to hardship cases (Community Support Grant).
3. Test & Trace support payment Power BI system maps take up and monitors rejections.
4. Review offered for all Test & Trace rejected support payments with 63 decisions to date being overturned.
5. Customer feedback survey to all Test & Trace support payment rejections.

Outbreak and specific setting response

General

Our outbreak response relies on good data and surveillance, control measures and communications with robust processes in place for outbreaks in specific settings; these are detailed below.

Any outbreak follows a general response of initial investigation and analysis including identification of possible cases and contacts to understand whether an outbreak has occurred, calling an OCT if appropriate and involving PHE and other colleagues as necessary.

Health care settings

Outbreaks within secondary healthcare are dealt with in-house by the hospital IPC team with notifications all made via Occupational Health. Community care homes, primary care, general practice and other smaller health care settings receive notifications via the usual test and trace route.

General practice follow an agreed pathway on contact events, notifying the CCG of cases. If there is an outbreak (i.e. two cases or more) the CCG and CCG IPC team support any outbreak management. An outbreak meeting is held with PHE invited and in attendance as required.

Other independent health care providers are notified either through their own internal system or via test and trace. The CCGs IPC team then provide support as necessary following notification from PHE. PHE provide information on clusters, common exposures or outbreaks to the team as appropriate.

Schools, FE Colleges and Early Years Settings

- A school's helpdesk has been set up with approximately ten members of the PH team and four admin staff with between two and four members of staff on the rota from 9am to 5pm each day providing a phone line and email support resource.
- Enquiries are triaged by an admin team and depending on the scenario:
 - If the enquiry is a simple scenario and no support required, a confirmation email is sent.
 - If reporting a case, a rapid risk assessment is carried out by the team and advice offered as appropriate including advice on bubbles, cleaning, social distancing, ventilation etc.
- Positive cases by setting are monitored using an interactive dashboard.
- When case numbers appear to be escalating or a more significant outbreak developing, the team supports the school to liaise with PHE or liaises directly with PHE itself.
- Additional support is available via the Public Safety team (Environmental Health) and the Health and Safety team in the city council.

- Schools have access to frequently asked questions and a daily bulletin, both of which contain up to date public health guidance.
- Flow charts have been produced with PHE outlining procedures to follow if a positive case is identified within a school.

Governance and quality assurance

- Public Health oversight provided by a Public Health Consultant.
- Daily meetings chaired by the team leader.
- Weekly 'Keep in Touch' meetings with education representatives (eg HeadTeachers).
- Weekly Leicester, Leicestershire & Rutland Education sub-cell meetings.
- Strong links with PHE to escalate queries or matters of concern.
- All queries and responses recorded for audit purposes.

Leicester good practice and innovation

1. A dedicated team to support education settings.
2. Strong team leader and nominated consultant lead.
3. Close relationship with the PH team and education department in LCC.
4. Early notification of cases from the council contact tracing team.

Universities

Leicester has two large universities – the University of Leicester and Demontfort University.

There is a strong partnership between the two universities and LCC which meets once a week. Both universities have a clear system and small team in place to manage cases and identify, inform and support close contacts. Any additional advice or support required is available via LCC (Monday to Friday) or PHE.

An interactive dashboard provides an overview of positive cases broken down by student accommodation and this is reviewed at the regular meeting and in between as necessary. Where case numbers appear to be escalating or there is a more significant outbreak, support is provided to the accommodation provider either via the LA public health team or PHE. The LCC Public Safety Team (Environmental Health) also provide support and advice where there is an outbreak in student accommodation.

LCC communication colleagues and regulatory services have supported private accommodation providers with messages and advice.

Governance and quality assurance

Governance and quality assurance arrangements are led by each university. A once a week joint meeting with public health provides support and input and the universities attend twice weekly IMT meetings.

Leicester good practice and innovation

- Strong partnership working between the universities, public health and other LCC departments including regulatory services and comms.
- Each university developing their own teams to carry out contact tracing meaning a quick response in the event of positive cases.
- Good welfare support provided by both universities to students self-isolating incentivising students to report a positive result and to self-isolate.
- Development and use of interactive dashboard.
- Horizon scanning and preparation for changes in legislation.

Care homes

Support for care homes is led by the Leicester City Council Contracts and Assurance Service (CaAS) with support from a PH Programme Manager and strategic oversight from the Strategic Director of Social Care & Education.

- Outbreaks are identified through various contact points including the national tracker, PHE and directly from the care home; our reporting systems mean outbreaks are often identified locally before regional notification.
- If the outbreak is small (i.e. less than seven cases), an allocated officer will contact the home to carry out an initial assessment and pick up any relevant issues. This call is often in conjunction with colleagues from our LCC public health team and PHE if necessary.
- Outbreaks with more than seven cases tend to involve PHE and an OCT will be called if required. In these instances local support is provided by the CaAS team on an ongoing basis alongside public health colleagues.
- The CaAS team provides ongoing support for all care homes particularly around staff support, psychological support and updating on advice and information; public health colleague support is more IPC focussed. Joint work is carried out to translate updated guidance to care homes such as updated visiting guidance, testing guidance etc.
- LCC Public Health have recruited an infection prevention control (IPC) nurse who carries out targeted visits to identified care homes to review and make recommendations to improve IPC practice.
- The team collates an extensive range of data to help inform and target its work. This includes the national tracker and vaccination data which is used to target care homes to promote increased vaccine uptake.
- Designated setting beds are no longer block booked so NHS step down community beds will be used from April 1st for designated settings.
- The team work closely with day centres supporting access to testing, PPE and reviewing risk assessments prior to re-opening. Over the last few weeks a number have re-opened; funding has been provided for day centres throughout the last year regardless of whether a specific day centre is open or not.
- Supported living accommodation support has continued throughout the pandemic.

Governance and quality assurance

Overall lead is provided by the Strategic Director Social Care and Education who provides twice weekly updates to IMT with operational oversight provided by the Head and Deputy Head of Commissioning & Contracts.

There are twice weekly COVID-19 management cell meetings, twice weekly residential working groups, clinical supervision provided for the IPC nurse via CCG and use of risk-based decision logs to prioritise care homes for support or input. Bimonthly meetings with the Care Quality Commission (CQC) are enhanced by the excellent relationship with the local CQC Inspection Manager who has an open door policy.

LCC has two provider failure policies, one that has been developed purely for Covid related issues and one as business as usual and based on mutual aid. The Covid provider failure policy has been used twice in the last three months where numbers of staff having to isolate required support and input from the council. On both occasions the care homes were supported to continue providing good quality care for their residents; lessons learned from these instances have been used to adapt the policy and procedures.

As a result of the pandemic and lessons learnt, the Quality Assurance Framework has been adapted and slimmed down to make it more focussed on the issues important to providers rather than about policies and procedures. There is currently a plan in place to visit 20% of the providers within the next 10 weeks as a first step in returning to business as usual.

Leicester good practice and innovation

1. Good liaison with public health team and sharing of public health workspace including data.
2. Good cross organisational response to supporting care homes from different departments of the council.
3. Good liaison with partner agencies such as the CQC, who are copied into daily emails providing data from our intelligence tracker and local testing information.
4. Collation of daily information regarding testing.
5. Regular support calls and communications to all care homes from the CaAS team including weekly calls, emails and bulletins.
6. Extensive range of data providing real time information with oversight and scrutiny from senior council staff.
7. Attendance of vaccination cell to help promote/support vaccination uptake.
8. Additional funding has facilitated the success of, for example, extended testing within the care home, sheltered living, day centre and domiciliary care sector; dedicated IPC support and workforce funding. However this is usually only short term funding (3 months) making it difficult to put in place future plans.
9. At the start of the pandemic a number of retired professional psychologists, counsellors and psychotherapists were approached to provide support to care homes who have or who had had significant outbreaks or losses. This has been a valuable support throughout.

Businesses

There is a separate Business Engagement COVID-19 Sustain Plan which outlines in detail the support that is provided to business via the Public Safety, Food Safety, Licensing Enforcement and Trading Standards teams.

Its aim is to carry out a sustained and proactive programme of inspections, engagement and messaging with business to reinforce COVID-19 secure working practises and to provide a sustained reactive response to concerns raised. A Memorandum of Understanding between the city and county councils and the police has been developed taking a partnership approach to self-isolation breaches. The team have additionally developed materials and resources to support businesses wanting to set up workplace based asymptomatic testing.

The team provide a stepped approach to enforcement with additional external support brought in during the re-opening phases in 2020 in the form of an external security company specialising in crowd control. This was deployed on key shopping dates, religious festivals and celebratory events.

Since November 2020 the team have used City Reach staff to provide a visible presence in high footfall business areas such as the city centre or Narborough Road. Staff also feed back to the Regulatory services of any concerns or business breaches so these can be followed up. This allows designated officers to focus on specific complaints rather than spending a significant amount of time on surveillance work. The City Reach team can be rapidly redeployed to areas of need such as the gates of large schools during the weeks when schools re-opened.

The Business Engagement Cell have created and will maintain an action plan timeline alongside the roadmap out of lockdown published by the Government. This action plan identified the key dates and actions to be taken by each team.

Governance and quality assurance

Strategic oversight is provided by the Director of Neighbourhood and Environmental Services and operational oversight by the Head of Regulatory Services. Membership includes staff from Legal Services, Food Safety, Trading Standards, Public Safety, Licensing Enforcement and police representative.

The Business Engagement Cell, Chaired by the Director of Neighbourhood & Environmental Services, meets twice weekly and reports directly to the IMT. The cell has good links with the Health & Safety Executive (HSE) and has carried out joint spot checks on local businesses.

Leicester good practice and innovation

1. Use of external and alternative internal teams to act as the 'eyes on the ground' freeing up specialist staff time to respond to identified issues.
2. Good cross organisation working: the Head of Regulatory services is a member of the outbreak meeting and a member of the LRF compliance group; there is good co-ordination between the business cell and other cells within the IMT.
3. An action plan has been developed associated with the dates of the Roadmap out of lockdown including engagement with relevant sectors and ongoing support by private security.

Prison health

HMP Leicester worked very quickly in March and April 2020 to establish robust systems of cohorting: new receptions (RCUs), those who were clinical extremely vulnerable (for shielding purposes), symptomatic and positive cases and contacts of symptomatic/positive cases. This enabled protection of the vulnerable and minimal cross infection. As a result there have been minimal cases in either prison staff or prisoners since the late spring/summer of 2020.

Leicester good practice and innovation

1. Communication for staff and prisoners: a weekly newsletter with information on what is happening, when and why. Initial daily update meetings to ensure plans were achievable and shared.
2. Fast response to a new positive case including meetings with key members of the prison and healthcare teams to identify and isolate those affected and their contacts.
3. Staff testing: good levels of PCR and LFD testing in healthcare and prison staff.
4. Regime groups: to enable easy identification and management of close contacts while still allowing men to be able to mix when appropriate (for exercise for example) and despite the increased challenge of the prison only having one main wing.
5. An able and informed individual as a single point of contact who has a high understanding of the prison, its regimes, what is and isn't possible alongside good working relationships with staff at all levels and prisoners.

Appendix 1: Risk assessment

Risk	Description	Score*	Mitigating action
Staff capacity	<p>Reduced availability of staff due to</p> <ul style="list-style-type: none"> • Deployed staff returning to business as usual • Increased need for more staff as more Covid response duties taken on that have previously been carried out by other agencies (eg PHE): for example common exposure reporting, 3 day follow up support phone calls • Opening up following lockdown requiring more staff to support (for example) businesses or public compliance with ongoing Covid guidelines 	12	<ul style="list-style-type: none"> • Extend placement of deployed staff • Source additional funds & resources to cover long term deployment • Set up a local health protection unit with long term members of appropriately trained staff
Variant of concern	Identification and spread of variant of concern	16	<ul style="list-style-type: none"> • Plans and staff in place to respond to VOCs (see plan)
Vaccine provision	Delays in vaccine provision leading to delay in overall vaccination programme in a city where transmission rates and vulnerability to the virus is high	12	<ul style="list-style-type: none"> • Continue to hold focussed vaccination sessions and targeted comms/engagement to ensure vaccination uptake is at a maximum level in all eligible groups • Follow national guidelines to temporarily delay first doses in next tier of the priority list
Vaccine hesitancy	Difference in uptake of vaccination across different communities	12	<ul style="list-style-type: none"> • Use of EQIA, comms and engagement to increase uptake across all populations (see plan for more details)
Enduring transmission fatigue	Risk of decreased compliance (and so increased rates of Covid) due to length of time Leicester has been in lockdown and increased transmission as a result of opening up of services gradually.	12	<ul style="list-style-type: none"> • Continue to work with communities to get messages out around need for a cautious, safe return • Local approach to opening services and reducing restrictions that balance potential lockdown fatigue and risk of increases in transmission • Ongoing support for self-isolation (see plan for more details)

*Risk score: Impact x Likelihood

Likelihood	Impact				
	1 Insignificant/ Negligible	2 Minor	3 Moderate	4 Major	5 Critical/ catastrophic
1. Very unlikely/Rare	1	2	3	4	5
2. Unlikely	2	4	6	8	10
3. Possible	3	6	9	12	15
4. Probable/Likely	4	8	12	16	20
5. Almost Certain	5	10	15	20	25